Evaluation of the diagnostic process and results after surgery for tumours in the upper gastrointestinal tract

Background

Every year around 1000 people in Sweden are diagnosed with a tumour in the upper gastrointestinal (GI) tract. Depending on tumour and patient characteristics, the diagnostic process, treatment as well as prognosis varies for this group of patients.

Method

Paper 1 is a study of a new biopsy tool, Endodrill, and its capacity to harvest tissue samples in patients with submucosal tumours in the upper GI tract. In paper 2 we compare Endodrill vs. conventional biopsy forceps and their capacity to harvest adequate tissue samples from epithelial tumours in the oesophagus or gastroesophageal junction (GEJ). The quality of the samples to conduct genetic analysis will also be evaluated. In paper 3 we evaluate an unusual surgical procedure (oesophagogastrectomy and reconstruction with a long Roux-limb) for resections of Siewert type II & III tumours in the GEJ. In paper 4 results from the Swedish National Register for Oesophageal and Gastric Cancer (NREV) during 2007-2015 are presented. In paper 5 we compare results from NREV with the Dutch Upper GI Cancer Audit 2012-2014.

Results

The results of paper 1 shows significantly more submucosal tissue in biopsies taken with Endodrill compared to conventional biopsy forces 1. In paper 2, 4 out of 10 patients are included in the study so far. No adverse events have occurred, no further results to present at the moment. In paper 3 we show that our surgical procedure for advanced Siewert type II & III tumours can be performed with low post-operative mortality but with no effect on long term survival. In paper 4 we present positive trends for several important indicators of quality of care for oesophagogastric cancer patients in Sweden. These improvements include a higher usage of multidisciplinary conferences and lower 30-day mortality after surgery for gastric cancer. In paper 5 we present significant differences between Sweden and Holland regarding patient selection, use of neoadjuvant treatment before surgery and short-term mortality after surgery.

Conclusion

The results of this thesis will contribute to our mission for better treatments and long-term survival for patients with tumours in the upper GI tract.

Published papers